

FILED DEC 30 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12163

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.				Length of stay in lb #1. 3da.		4. STREET ADDRESS 4423 Atlone	
3. NAME OF DECEASED (Type or print) First MAMIE Middle Alice Last CASEY				5. DATE OF DEATH Month DEC. Day 17, Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 15, 1872	
9. AGE (In years last birthday) 85		10. FUNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work				10b. KIND OF BUSINESS OR INDUSTRY Home maker		13a. FATHER'S NAME George Hortter	
13b. MOTHER'S MAIDEN NAME Hanna Crimmins				14. NAME OF HUSBAND OR WIFE James Casey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Georgie Liess 4423 Atlone	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Asystole Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Arteriosclerotic Coronary Arteries PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Death occurred at 4:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. ADDRESS 1515 LAFAYETTE			
22b. SIGNATURE John W. Struch M.D.				22c. DATE SIGNED 12/17/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/19/57		23c. NAME OF CEMETERY OR CREMATORY Rose Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Baton Rouge Louisiana	
24. FUNERAL DIRECTOR Pullen & Kelly 7267 Natural Bridge				25. DATE RECD. BY LOCAL REG. DEC 18 57		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nonenclosure in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

MAR 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed James H. Lammers

Licensed Embalmer No. 4142

P. O. Address H. Lammers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.